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Bib Data Sheet

CONFIRMATION NO. 7436

|                                    |   |                                       |  |  |
|------------------------------------|---|---------------------------------------|--|--|
| <b>SERIAL NUMBER</b><br>10/004,001 | <b>FILING DATE</b><br>11/01/2001<br><b>RULE</b> | <b>CLASS</b><br><del>455</del><br>379 | <b>GROUP ART UNIT</b><br><del>2681</del><br>2643 | <b>ATTORNEY DOCKET NO.</b><br>555255012288 |
|------------------------------------|---|---------------------------------------|--|--|

**APPLICANTS**  
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Xin Jin, Nepean, CANADA;  
Pokin Yeung, Burnaby, CANADA;  
Karen A. Rudnitski, Ottawa, CANADA;

**\*\* CONTINUING DATA \*\*\*\*\*** *YES TP*  
THIS APPLN CLAIMS BENEFIT OF 60/246,321 11/07/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *NONE TP*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
\*\* 12/26/2001

|   |   |                            |                     |                    |                         |
|---|---|----------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>CANADA | SHEETS DRAWING<br>7 | TOTAL CLAIMS<br>41 | INDEPENDENT CLAIMS<br>4 |
|---|---|----------------------------|---------------------|--------------------|-------------------------|

Verified and Acknowledged *[Signature]* *TP*  
Examiner's Signature Initials

**ADDRESS**  
Joseph M. Sauer, Esq.  
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North Point  
901 Lakeside Avenue  
Cleveland, OH 44114

**TITLE**  
Multifunctional keyboard for a mobile communication device and method of operating the same

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1202 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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